



PATENT
450101-4669

2613

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Naofumi YANAGIHARA et al.
Serial No. : 09/341,401
Filed : August 23, 1999
For : DIGITAL SIGNAL CONVERSION METHOD AND DIGITAL
SIGNAL CONVERSION DEVICE
Examiner : Shawn S. An
Art Unit : 2613

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on July
15, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

(Name of Applicant, Assignee or Registered Representative)

Samuel H. Megerditchian

Signature

July 15, 2004

Date of Signature

RECEIVED

JUL 22 2004

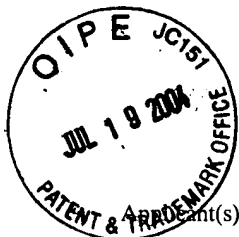
Technology Center 2600

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of May 18, 2004, please amend this
application as follows:



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 14 | Minus | ** =20 | * 0 x | \$18 (9) | = \$ |
| Independent claims | 3 | Minus | *** =3 | * 0 x | \$84 (42) | = \$ |
| Total additional fee for this amendment | | | | | | \$ |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 15, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

July 15, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Samuel H. Megerditchian
Samuel H. Megerditchian
Reg. No. 45,678